

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 101517050 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1	6				
8	1	6				
9	1	6				
10	6	1				
11	1	6				
12	1	6				
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48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	26	→	→	→		
TOTAL CLAIMS	34					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
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100								
TOTAL IND.			→	→	→			
TOTAL DEP.			→	→	→			
TOTAL CLAIMS			→	→	→			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS